

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09672637</i>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	11		↓		↓		↓	
TOTAL DEP.	11		↔		↔		↔	
TOTAL CLAIMS	33	QR	QR	QR	QR	QR	QR	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy